

**2009 BI-WEEKLY HEALTH PLAN RATES
PART-TIME (.8 FTE) EMPLOYEES**

	CARE FIRST BLUE CHOICE HMO	CAREFIRST BLUE CHOICE HMO OPEN ACCESS (NEW PLAN)	KAISER PERMANENTE HMO	KAISER PERMANENTE POINT OF SERVICE (NEW PLAN)	M.D. IPA HMO	M.D. IPA POS
INDIVIDUAL						
<i>Employee Share</i>	\$ 66.04	\$86.46	\$62.84	\$70.83	\$191.95	\$230.55
<i>City Cost</i>	\$94.25	\$94.25	\$94.25	\$94.25	\$94.25	\$94.25
<i>Total Cost</i>	\$160.29	\$180.71	\$157.09	\$165.08	\$286.20	\$324.80
2- PERSON						
<i>Employee Share</i>	\$132.08	\$172.90	\$125.67	\$141.66	\$352.77	\$425.72
<i>City Cost</i>	\$188.50	\$188.50	\$188.50	\$188.50	\$188.50	\$188.50
<i>Total Cost</i>	\$320.58	\$361.40	\$314.17	\$330.16	\$541.27	\$614.22
FAMILY						
<i>Employee Share</i>	\$198.12	\$259.35	\$188.50	\$212.49	\$485.17	\$588.64
<i>City Cost</i>	\$282.75	\$282.75	\$282.75	\$282.75	\$282.75	\$282.75
<i>Total Cost</i>	\$480.87	\$542.10	\$471.25	\$495.24	\$767.92	\$871.39